Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- Annual reports can now be filed online at <u>www.wmatc.gov</u>. Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

FILING INFORMATION:

CARRIER:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

1	1				
1313	Roadrunr	ner Transportation In	C.		
*WMATC No. USDOT No.	(if applicable) *Name of Ca	irrier (as shown on certi	ficate of authority)		
4013 Blakney Street, S	S.E.	Wa	ashington	DC	20032-4334
*Street Address of Principa	l Place of Business	Apt./Suite City		State	Zip
Mailing Address (if differen	t from street address)	Apt./Sulte City		State	Zip
(202) 251-3041		(202) 561-323	34		
*Telephone	Other Telephone	Fax	E-mail		
2. CARRIER CONT	ACT PERSON (at mailin	g address to whom v	we should direct inqu	GE I	VEN
Mr. Tyrone R. Prophet		Representativ	/e	IN 21 2	2012
*Name		*Title		· · · · · · · · · · · · · · · · · · ·	
(202) 251-3041		(202) 561-323		ngton Metro	mali.
*Telephone	Other Telephone	Fax	E-mail Area Tr	ansit Comr	mission

REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

rev. 01/03/12 (page 1 of 2)

Tyrone R. Frachet

Name of Registered Agent for Service of Process

Agent Address (must be inside Metropolitan District)

4013 BlaKNLY La. S.E

forr the	n of orga carrier's	nization that	iny merger, consolidation or other cha occurred after the previous year's annu authority was issued. If no changes a rred.	ual report was	filed, or if	not applic	able, after
follo veh	wing thre	ee options: (check the bo	HICLES USED IN WMATC OPERATOR (2) make indicating all information is accurate who vehicle list to both pages of this form	any necessa	ry correction the list wit	ons on the	e enclosed
Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchai Lift or Ramp Yes/No
	2002	Tord	1FB5S31L72HA30604	B41872	DC	10	Yes
			DECEIVED				
			[] CAN 2 4 2012				
			Washington Metropolitan Area Transit Commission				
I certify	RTIFICAT that this i d it, and t	report, includ	ing any attachments, was prepared by nation contained in it is true, correct, ar	y me or unde nd complete a	r my supe s of this da	rvision, th	at I have
Tyron Name (Typ	e or Print)	R. Fro	Chet Signal	you k	P. Fr	xhe)	<u>B</u>
	LEK-			-22 -,			

WMATC No: 1313 Washington Metropolitan Area Transit Commission

2012 Annual Report: Revenue Vehicle List

Name:

Roadrunner Transportation Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

☑ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet	*Model	*Make	*VIN	*Plate		*Capacity *Whee	elchair
No. Year		(17 digits)		- N - N - 1984 - 1987 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 19	Registered	Lift or Ramp Y/N	
	2002	Ford	1FBSS31L72HA30604	B41872	DC	10	

